

# **REPORT**

OF THE

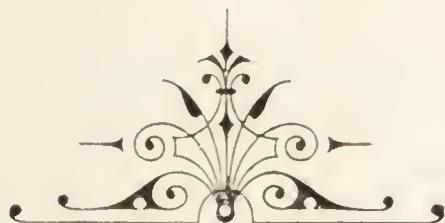
## **Medical Officer Of Health**

TO THE

**GARSTANG**

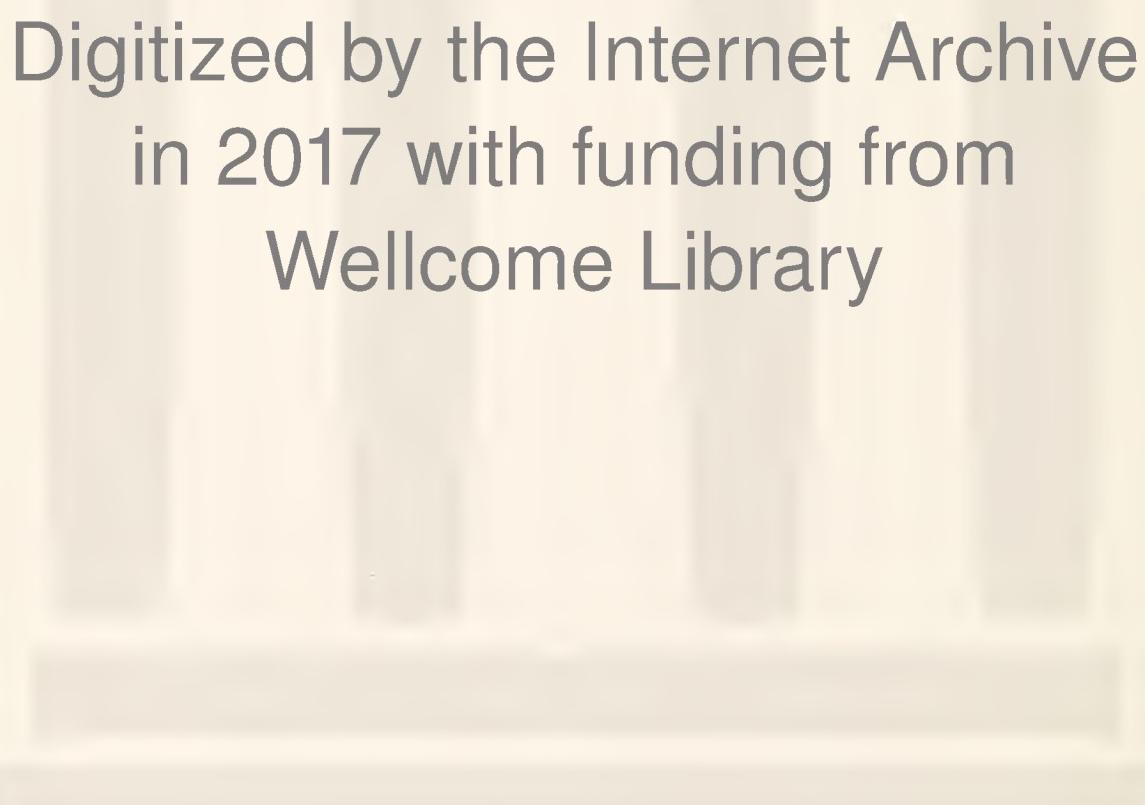
**RURAL DISTRICT COUNCIL**

**FOR THE YEAR 1909.**



**GARSTANG :**

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# Garstang Rural District Council.

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## ANNUAL REPORT FOR THE YEAR 1909.

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Gentlemen,

This is my twenty-seventh Annual Report and is one of continued interest and progress and has witnessed distinct advances in many of the local matters you have had in hand.

Whatever argument may be adduced nothing can overcome the fact that anything that tends to improve the general health of a community is an investment of the highest class, it checks pain and suffering, disease and poverty, retards death, prolongs life and produces happiness and pleasure where disease and suffering might exist.

The time, energy, and intelligence you bring to bear on the health of your District are not lost, but are a gain to all. Your aim and great idea is the "Prevention of Disease" and when the latter does occur, modify its effects as far as possible.

Any district showing less disease and a reduced death-rate means less risk to the population of that district, the reverse also holds good.

The whole idea of the Public Health work is to establish a more healthy population, increase its productive power in stability and stamina, and carry to future generations a stronger race and thereby a more healthy and stable nation at large.

The New Memorandum of the Medical Officer of the Local Government Board on Reports of Medical Officers of Health contains several new points.

Suggestions are made as to the extension of Infectious Diseases Notification Act to include Anthrax, Glanders, and Hydrophobia in man, such an application will be favourably received by the Local Government Board. The time within which Annual Reports of Medical Officers of Health should reach the Board is somewhat extended.

It is further requested that information may be given of action taken or needed under either Parts I, II and III of the Housing of the Working Classes Act. An important point is also mentioned as to water liable to act upon lead and if so what action taken.

Tuberculous milk and tuberculous carcases and methods of control of tuberculosis, notification of the latter, compulsory or voluntary number notified what action is taken in respect of known

cases; and of deaths, amount of hospital accommodation for cases of Pulmonary tuberculosis in Infirmaries or elsewhere for advanced and earlier cases of the disease.

Since I have been your Medical Officer I have not seen a case of Anthrax, Glanders, or Hydrophobia in the human subject in your district.

### **Housing Question.**

The housing of the Working Classes Act I have on several occasions called your attention to and last year directed your attention especially to it as bearing on your district, it has not worked for the general benefit, its effect being practically (when exercised by demolition of Insanitary property) the cause of depopulation, because the investor is not keen on building cottage property, particularly with the tendency by legislation to cause property of higher value to be built, the return in rental from which is inadequate.

It is impossible to maintain a Rural population on a proper basis without suitable dwellings to live in, and people from the towns will not come into the country without a decent dwelling in which to live.

As you will probably appoint a Committee on this question, I leave the subject to your careful consideration.

### **Water acting upon Lead.**

Your chief water supply is from the Fylde Water Board and this water does not act upon lead.

I have had a few isolated cases where rain water has become impregnated with lead by being stored in a leaden cistern. This method of storage in your District is now rare.

### **Tuberculosis Regulations.**

You have taken general interest in this matter.

You have adopted voluntary notification but it is to a great extent a failure. You have ordered printed instructions to be issued on tuberculosis in general.

Where cases have been ascertained during life, instructions and disinfectants have been supplied, and after death, disinfection, etc., has been carried out.

You have no hospital accommodation and Infirmary do not admit pulmonary tuberculosis cases, a few private cases of phthisis have

been sent to Sanatoria from your District, but none by the Board of Guardians.

You have an admirable site for a few Chalets on your hospital field which need not interfere with the general future use of your Infectious Hospital.

In several cases I have advised what may be called "The home treatment of consumption," the erection of a wooden building outside the house on a suitable situation.

Many object to Sanitorium treatment but will willingly carry out in a simple way a Sanitorium at Home, and following at the same time an open air agricultural life.

If a complete system of notification of this disease took place in your District with veterinary inspection of cattle, and definite steps taken, the Tubercl Bacillus would not find scarcely an abiding place after some years of treatment and definite action by Public Health and Agricultural Authorities.

By an order which was intended to come into operation on January 1st 1910, far reaching provisions exist for dealing with tuberculosis in animals, and a scale of compensation to owner was provided. This order I am sorry to say has been withdrawn.

Every attempt should be made to rid the country of the animals which are dangerously affected with Tuberculosis. This lessens the risk to other animals as well as man, and lessens the risks of infected milk.

The present traffic in Tuberculous beasts is much to be deprecated, the way these animals are driven along public thoroughfares, and carted in vehicles, is a prominent feature in your District.

One case came under my notice during the past year, where a Tuberculous beast became so exhausted on the Public Highway that it could not proceed and the driver, with some difficulty, got the animal to the nearest farm, tied it up in a byre, to rest and shelter where a number of other beasts were housed, with what result it is difficult to say! The danger of such an act is apparent. Cattle with advanced Tuberculosis should not be allowed on a Public Highway, especially in the summer time, most of these animals have diarrhoea, and in the excrement large numbers of Bacilli are present, and the latter are blown about in the air, after the excrement has become dry, and become alike a danger to the human subject as well as other animals.

### **Administration of the Midwives Act.**

Two registered midwives exist within your District, and both have done good work.

## **Notification of Births Act.**

You have not adopted this Act.

### **General Work.**

I will now proceed with the general work during the past year.

Early in the year you had in hand a local drainage area in the Parish of Out Rawcliffe at a place known as the "Town End," Rawcliffe.

Here important drainage improvements were carried out and a general renovation of the insanitary dwellings took place.

Your attention was also called to the insanitary condition of Fisher's Row, Pilling, a special Sub-Committee being appointed to inspect and report on this locality. This row of dwellings has been a continual source of trouble and will continue to be so until some general Sanitary scheme of drainage is decided upon, but unless a proper supply of water for the Township can also be obtained it is difficult to see how the sewerage of this property can be made entirely satisfactory.

All attempts up to the present have failed to secure a water supply for this Township at a reasonable cost. There is no Township in your District which is calculated to receive a greater benefit from a pure water supply than that of Pilling.

The general sanitary conditions of Pilling predisposes to a risky water supply :

- 1.—Porous subsoil alluvial in character.
- 2.—No general system of drainage.
- 3.—Very flat condition of land.
- 4.—Privy accommodation and refuse deposit risky.

### **Great Eccleston Sewer Extension.**

This matter has occupied considerable attention by a special Committee, and after long and careful deliberation with the assistance of the Parish Council, a scheme has been fully settled, the work being in actual progress. I have previously discussed in my Annual Reports the mistakes of the past sanitary scheme for this Township, and I will not again refer to them, but express a hope that the present extension will remove the existing nuisances now complained about, and be a source of general satisfaction to those concerned.

## **Hambleton.**

The drainage and water supply of this Township has received much of your attention.

Year after year the drainage of this Township has been under discussion. Doctor Reece specially reported upon this Township. The County Medical Officer has also taken a keen interest in the sanitary well being of Hambleton, yet no definite progress was made until the past year.

In May of this year you resolved unanimously that to carry out a complete scheme with Pumping Station and Treatment Works was entirely out of question, taking into consideration the heavy expense entailed and the small rateable value of this Township.

The Inspector and myself again visited Hambleton, a fresh simple scheme was drawn up, which will remove all existing nuisances for the present inhabitants.

A special Report with plan was sent to the Local Government Board and the County Council.

The work was immediately carried out, which I hope will satisfy all concerned for many years.

Should the population of this township increase the present scheme can be used for a more efficient scheme of treatment etc., and the present expenditure will not result in an actual loss in the possible future drainage requirements for this Township.

After the work had been done here the County Medical Officer visited this Township along with the Inspector and myself.

He agreed that a general improvement had taken place and suggested some further minor details which will be carried out.

I hope the work done here will prove beneficial to all concerned and relieve your Council from a long standing nuisance which has entailed much work and anxiety.

## **Scorton.**

Here general improvements have and are taking place, water closets are being put down, and the general sanitary condition of this village is being much improved.

A system of scavenging will in the future be carried out here.

The country here has many natural healthy surroundings and these combined with the general sanitary improvements should make Scorton one of the healthiest villages within your area.

Would that every village in your district would adopt its own scheme of drainage, remove its refuse by scavenging, obtain its own pure general supply of water. Such amounts to increased thrift all round, and given adequate railway accommodation, enhance and also improve the health and thrift of those already residents, and tempt others to join a locality which bears the name of being healthy, for after all the greatest asset of life is "Freedom from Disease."

## **Housing Question in your District.**

If you examine the Inspectors' Report you will see what little building is in progress.

To condemn insanitary dwellings, with no prospect of new ones, is a very serious policy. Such means decreasing your population, a policy for a Rural District at the present day much to be deprecated.

Apparently the investing public has no desire to erect dwellings of the artisan or other type, and you, as an authority, have not ventured to exercise your powers out of the public purse, consequently, the idea of back to the land is so far a practical failure.

So far as your district is concerned, allotments and small holdings have made little progress, the possibility of rate aid being required for either of these projects, or the buildings of dwellings, has a decided deterrent influence, increasing of the rates by a Public Authority and consequently increased demands on the public are in these days viewed with alarm in Rural Districts. A Bill introduced into Parliament by the Rt. Hon. John Burns, M.P., known as the "Housing Town Planning Bill" has recently become the law of the land and is one of an important character. The Bill confers most important power on County, Urban and Rural District Councils, one important feature that power is given to provide new houses for the working classes by local authorities, and such is to take effect in all districts without adoption!

The Parish Council and Parish Meeting have also a status under this Act. If you fail in your duties under this Act, transfer of your powers can be vested in the County Council. Every County must henceforth appoint a Medical Officer of Health.

The Clerk and Medical Officer of a District Council must furnish information to the Medical Officer of Health of the County Council. The County Council are required to establish a Public Health and Housing Committee, this is to be carried out as soon as practicable. Altogether this Act has a far and wide influence, and is a definite endeavour to cope with the Housing of the working classes.

## **Infectious Hospital.**

Although an Infectious Hospital has not yet been erected by you considerable progress has been made.

A special Hospital Field Committee was appointed, and considerable improvements have been carried out as to fencing and improving the site.

The question of water supply, an important matter, is practically settled, this to be supplied by the Fylde Water Board, by a special 3 inch iron main, it is hoped that all dwellings on this route will take the supply, this will confer an additional benefit to the neighbourhood, and lessen your financial responsibility.

## **Character and type of Buildings to be erected.**

This has also received considerable attention, but nothing definite has been settled.

I submitted to you a letter from the County Medical Officer on this matter, this letter and the suggestions therein you duly considered.

Special Committees' have visited two different Isolation Hospitals. The year 1910 will, no doubt, see very definite steps being taken in your contemplated future hospital. I do not wish to go over old ground, as to the many difficulties and expense you have had in treating infectious cases, amongst the poor at home. Such is a practical impossibility in many cases, removal is the only course in justice to the patient and the contacts. I hope the year 1910 will see your Hospital erected, with its administrative buildings. Such will mark an era of definite sanitary advancement, and when its benefits are fully realized, it will be much appreciated by the inhabitants of your District; of this I have not the slightest doubt.

Your Council has now had a long experience in the treatment of Infectious cases, without means of isolation, and it is now quite clear to me, that you have fully realized the importance of the subject and have definitely decided not to be dependent on a neighbouring Union to receive your cases, or establish temporary Isolation Hospital areas in your District. Without hospital accommodation, the whole question is pregnant with difficulties, many and varied, and especially in an agricultural community such as yours. From a farmer's point of view, the removal of infection from his house confers benefits, the value of which cannot be estimated, both to himself and the public; the same applies to the business and professional men, all benefit in a proportionate degree.

I thank you for the interest taken in this matter, and I look forward to the time with interest and pleasure when your Hospital becomes a reality with its benefits conferred.

## **School Closure and Exclusion from Schools.**

A special memorandum on this subject has been issued by the Local Government Board. Public Health and Local Educational Authorities are recommended to combine and work in harmony. Reference is made that no School should be closed for financial reasons, but purely from a public health aspect.

Closure by the Sanitary Authority under Article 57 of the code is contemplated, solely in the interests of Public Health, and apart from this consideration, the Medical Officer of Health is not justified in advising closure to prevent financial loss to the Local Educational Authority. Apart from School Closure, exclusion of infected children and contacts, is often very beneficial when such can be carried out early enough, this can be well realized in a country district, where children come long distances and many from isolated dwellings, the general meeting place of all being at the School.

Where the Infection has become widespread, closure is imperative. 1st, further contact at School is prevented ; 2nd, likely many are incubating, and much more likely to contract complications, coming long distances to country Schools, thus increasing the mortality ; 3rd, children are often kept at home for fear of contracting the disease.

### **Cowsheds and Dairies Order.**

Your Sub-Committee appointed under this order is doing good work, many Farmers' are registering and the result will be a gradual improvement all round, much tact and judgment are alike required under this order, the tenant and owner are both affected, and from a consumers point of view, he is so far getting the benefit of a more wholesome milk, produced under better conditions, with little alteration in the price.

In many of my previous Reports I have brought under your notice the milk question, its production and attendant risks, transit, etc.

I do not intend in this Report to further discuss this question, so far as your District is concerned, for I am convinced that a very general improvement is taking place. Given the healthy cow, healthy surroundings, plenty of fresh air, pure water, good food, with clean milkers, clean vessels and storage, with quick and clean transit, then you practically accomplish what is intended by the general methods of legislation on this subject. Milk, and its product cheese, are the staple agricultural industries of your District, and every possible endeavour should be made to produce both, of the best possible quality, and the public should pay accordingly.

Industries which are local and which tend to a resident and staple population should receive all help possible, especially in these days of admitted Rural depopulation.

The Milk and Dairies' Bill was introduced during the past session of Parliament by the President of the Local Government Board. The chief objects are :

1st—The more effective registration of dairies and dairymen.

2nd—The inspection of dairies and the examination of cows therein.

3rd—The prohibition of the supply of milk from a dairy where such a supply has caused, or would be likely to cause Infectious diseases including Tuberculosis.

4th—The prevention of the sale of Tuberculous Milk.

5th—The regulation of the importation of milk so as to prevent danger to Public Health arising therefrom.

6th—The issuing of regulations for selling the supply of pure and wholesome milk.

7th—The establishment by Local Authorities in populous places of Milk depots for the sale of Milk specially prepared for Infants.

These objects are to be carried out by larger powers being conferred upon the Local Government Board if the Act becomes law.

Power is given to Medical Officers of Health to inspect dairies or animals outside their Districts. If circumstances justify his action, the Medical Officer can prohibit the human consumption of milk from a dairy, or from a particular cow for a period not exceeding ten days.

The ordinary authority for carrying out the provisions of the Bill will be the Rural District Council, but in proof of neglect, the County Council may act, and failing the latter, Local Government Board.

One important feature in this Bill is if the occupier of a dairy complains that the whole or part of the expenses of complying with an order under Section VI ought to be borne by the owner, he may complain to a summary court of jurisdiction and the court may apportion the cost.

Four householders, the Parish Council or Parish Meeting have power of complaint, the whole tendency of the Act is to give more power to County Councils and Local Government Board, and the public to enforce more stringent regulations on the production and conveyance and sale of milk.

This Act is an important one, and will have a far reaching effect on the milk industry from a public aspect, but the cost of production will be increased, personally I hope this Bill in its general principles may become law, and I trust, be mutually beneficial to the public health as well as the agriculturalist.

Your Council will have observed that there has been a general reluctance by milk dealers and also consumers to pay an increased price for milk.

I have no hesitation in saying that pure milk from the cow is the cheapest food we possess, even at a fair increase in its present wholesale price. It is not my duty to go into the financial aspect of the question, but it is right to assume that if the law compels the owner and occupier to spend heavily on a pure milk supply, an adequate return should be forthcoming to both. The whole question of milk production is one of great importance to your District, and any legislation would not be just, which overburdened the owner and occupier on an industry already struggling for its very existence.

There is no article of diet which has received so much attention as that of milk, from every point of view, Legislation, Scientific, Medical, and the Public, have all joined together in the cry for pure and wholesome milk, may the goal be acquired and may all, both producer and consumer be alike benefitted.

## **The Road Question from a Sanitary point of view.**

In one of my Annual Reports I brought the dust problem before you and the remarks on that occasion were the subject of general comment.

The dust question has two distinct aspects :

1.—Its effects upon human beings.

2.—Its effects upon animals and agriculture in general.

I am not going into details on these two questions, but the general tendency of most Rural and Urban Authorities of late years has been to adopt such measures which would prevent dust, or when such had formed to settle the same.

Various methods are being adopted to render roads impervious to moisture, forming a more cohesive surface, and more efficient solidity. Motor traffic, light and heavy, greatly on the increase in Rural Districts are likely to revolutionize road making.

As far as possible, waterproof roads should be aimed at, which, in wet weather will reject the water and wash off dust or animal excreta both the latter being injurious to health, especially in the dry state.

Germ laden dust is admitted to be a direct cause of disease. From a financial as well as a Public Health aspect, much will be expected from the Public Authorities on this question. Mechanical locomotion has definitely asserted itself, and year by year it is quite clear this means of transit will constantly increase both for pleasure and industry, consequently the character of the roads will have to meet the new methods of locomotion, and the increased cost will no doubt be much compensated by the licenses issued to the Motoring Public. On this question there is a contemplated creation, by the Government, of a central road Authority, possessing definite powers of making grants, advising on road construction and supervision, etc.

Such an Authority worked on scientific lines and definitely organised with expert advice at call, would no doubt, benefit the country at large; a Public authority doing its duty and providing good roads, the use of which by the public should be considerate, just and proper care being taken when using them.

The reckless and incompetent motor driver is a danger to the public and a nuisance which the law rightly punishes.

The different Automobile Associations are endeavouring to place motoring on a higher level and giving it a more healthy discipline, much is to be hoped from these different organisations to bring the general motor traffic into line; that the highways are for all, the horse, the pedestrian to have their share, and the motor, by careful and judicious use, with all its improvements should be a pleasure to the public.

I now add the various Statistics and Tables.

### Births.

	Males	Females	
Garstang	55	50	105
Stalmine	25	36	61
St. Michaels	33	20	53
	—	—	—
	113	106	Total 219
	—	—	—

Garstang Registration District, decrease of 17.

Stalmine       ,,       increase of 14.

St. Michaels   ,,       decrease of 16.

The number of deaths registered under one year are 21, one more than last year, they have occurred from the following: Premature Birth, four deaths; Injury at Birth, 1 death; Marasmus, four deaths; Convulsions, four deaths; Pneumonia, two deaths; Bronchitis, three deaths; and Gastritis, one death; Tuberculous Meningitis, one; and other causes, one.

There is a distinct decrease, 219 as against 237 last year, and the average for 10 years, 1898 to 1907 inclusive is 247·3. Such ought not to exist in a Rural District. The birth rate in a Rural District such as yours ought to be on the ascendency. It is from the Rural Districts that the real constitutional grit is produced for the Towns and the Country at large.

In the Garstang Registration District the decrease is 17.

St. Michaels Registration District, decrease 16.

The Stalmine Registration District shows an increase of 14.

The total decrease of the year is 19.

## Deaths.

In the Garstang Registration District 148 deaths have been registered.

Seven deaths have been registered in Institutions' outside the District. (Three deaths have been registered which do not belong to the District.)

The deaths during 1909 are:

	Males	Females	
Garstang	50	32	82
Stalmine	11	18	29
St. Michaels	24	13	37
			—
			148
			—

Males 85 Females 63

Death Rate 14·18 Birth Rate 20·98

Comparing this year with last, there is an increase of sixteen in the number of deaths; and also a decrease of nineteen in the number of births.

During the past year no deaths have occurred in the Townships of Cleveley and Holleth.

The two Townships showing the highest death rates are Barnacre and Catterall. Two deaths have taken place from Accident, Senile Decay, four; Heart Disease, five; Pneumonia, three; Cancer, 2; Premature Birth, two; Phthisis, one; Typhoid, one; Scarlet Fever, one; and other causes generally.

Catterall, four deaths have occurred here from heart diseases; one from pneumonia; and one from senility.

## **Notified Cases.**

Diphtheria .....	2
Enteric.....	12
Erysipelas ....	3
Scarlet Fever .....	36

Total...53

Deaths from the notified cases—Scarlet Fever and Complications, two deaths, two years and eight years. Enteric, one death, age ten years. Diphtheria, one death, age four years.

Three cases are notified from Phthisis, the deaths occurring from that disease are eight, and one from Tubercular Meningitis.

The notified cases have occurred in the following Registration Districts:

Garstang Registration District.....	33
Stalmine ,,, ,,, .....	5
St. Michaels ,,, ,,, .....	15
	—
	53

Comparing this year with last there is an increase of twenty cases.

The infected Townships were:—Bleasdale, Scarlet Fever, one case. Barnacre, Scarlet Fever, nineteen, Enteric, one. Catterall, Scarlet Fever, one. Calder Vale, Enteric, one. Claughton, Erysipelas, two. Forton, Scarlet Fever, two. Garstang, Scarlet Fever, five. Great Eccleston, Enteric, two, Erysipelas, one, Diphtheria, two, Scarlet Fever, three. Out Rawcliffe, Enteric, seven. Pilling, Scarlet Fever, three. Stalmine, Scarlet Fever, two. Nether Wyresdale, Scarlet Fever, one.

Malignant Diseases, seven deaths registered.

Garstang Registration District has five deaths.

Stalmine       ,,       ,,       ,,       two     ,,  
St. Michaels   ,,       ,,       ,,       nil.     ,,

The deaths from Malignant Diseases have occurred in the following Townships :—Bonds, two deaths, ages 49 and 67 years, (one registered in the Union Workhouse,) Garstang, one death, age 49 years. Kirkland, one death, age 63 years. Pilling, two deaths, ages 64 years and 60. Claughton, one death, age 67 years.

The deaths from Phthisis have occurred in the following Townships:—Barnacre, one death, age 32 years. Nether Wyresdale, two deaths, ages 52 and 52 years. Winmarleigh, one death, age 54 years. Great Eccleston, one death, age 59 years. Inskip, one death, age 20 years. Upper Rawcliffe, one death, age 28 years. Out Rawcliffe, one death, age 11 years, and one death, Tubercular Meningitis, 6 months.

## Registration Districts.

Population of Garstang	...	...	...	5311
" " Stalmine	...	...	...	2265
" " St. Michael's	...	...	...	2860
				—
			10,436	—

Population, 10,436.      Death Rate per 1,000.....14.18

Townships (22).	Popnlation.	Deaths.	Rate per 1,000
Barnacre-with-Bonds	1,117	28	25.06
Bleasdale	403	2	4.96
Cabins	171	2	11.69
Catterall	317	8	25.23
Claughton	561	7	12.47
Cleveley	62	0	0
Forton	539	8	14.84
Garstang	808	15	18.5
Holleth	25	0	0
Kirkland	273	4	14.65
Nateby	297	3	10.10
Nether Wyresdale	454	3	6.60
Winmarleigh	284	2	7.04
	—	—	—
Total in Garstang District	5,311	82	—
	—	—	—
Bilsborrow	181	1	5.52
Great Eecleston	583	8	13.72
Inskip-with-Sowerby	450	4	8.88
Myerscough	423	6	14.18
Out Rawcliffe	705	7	9.92
Upper Rawcliffe-with-Tarnacre	518	11	21.23
	—	—	—
Total in St. Michael's District	2,860	37	—
	—	—	—
Hambleton	321	5	15.57
Pilling	1407	19	13.50
Stalmine-with-Staynall	537	5	9.31
	—	—	—
Total in Stalmine District	2,265	29	—

Union Workhouse six deaths all belonging to the District.

The death rate is somewhat higher being 14.18, the average of 10 years being 12.8. There are nine deaths from accidental causes during the past year, and thirty deaths from heart affections. Amongst infectious diseases, Pulmonary Tuberculosis takes the lead with eight deaths, and one from Tubercular Meningitis makes a total of nine. It would appear that you should more effectually bring under

control Tuberculosis, under your present conditions this disease cannot be effectually dealt with. I have not received any Notification under the Public Health (Tuberculous) Regulations, 1908. Personally I see no definite chance of bringing this malady under control except by compulsory Notification, giving definite instructions to those infected, and above all, eliminating Tuberculous children from our schools, who are considered capable of propagating the disease to others. Heart disease will always contribute a large number of deaths, being an agricultural District, much manual labour, lifting and back carrying, the common habit of farmers and their wives turning heavy cheeses, lifting heavy tubs, etc., all conduce to stress on the circulation, and consequently to heart enlargement, and ultimately to degeneration and disease.

Pneumonia and Bronchitis cause sixteen deaths, and Cancer Malignant Disease cause seven victims, 5 per cent. of the eight deaths from Malignant Diseases took place in the Garstang Registration District.

I now add Inspector's Report, which shows a good amount of work done over a large area.

Allusion is made to the Calder Vale water supply, this matter may, I think, be now looked upon as definite, and will be of great benefit to the population here, it being much needed.

The general supply here is indeed very risky, and at times dangerous from surface contamination.

### To the Garstang Rural District Council.

Gentlemen,

I have pleasure in submitting to you my Annual Report of the Sanitary Work done in your District, for the year ended the 31st December, 1909.

Infectious Diseases.—Fifty-three cases of Infectious Diseases were reported in twenty-eight houses during the year. All cases were visited forthwith and afterwards periodically. All cases where possible, were isolated. Printed precautions for the prevention of the spread of disease, and disinfectants were supplied. After the patients were considered free from infection, the houses and clothing were disinfected.

Common Lodging Houses.—The two Registered Common Lodging Houses in Garstang are regularly inspected and well kept.

Slaughter Houses.—There are fifteen Slaughter-houses in your District, which were regularly inspected and were found to be kept satisfactorily.

Food and Drugs.—No samples of Food or Drugs were taken for analysis in your District. I have inspected a considerable number of carcases of meat, fish, and other food during the year, but have had no reason to seize any.

Canal Boats.—Forty-two inspections of twenty-seven boats were made by me during the year. There were fifteen infringements of the Acts and Regulations, on five boats. Most of the infringements were remedied, and the others (on one boat) are being dealt with.

Scavenging.—The scavenging of Garstang is carried out by contract. The scavenging of Calder Vale, in the Township of Barnacre-with-Bonds, is carried out by your workmen, and is satisfactory. I should be glad if you would take into consideration the scavenging of the most congested places in your District, as I am of opinion that the cost would not be large, and the advantages would be great.

#### SEWERING.

Hambleton.—The work of sewerage of Hambleton has been carried out under my instructions as ordered by you.

Great Eccleston.—I have at present in hand the laying of a 12 inch and 15 inch sewers in this Township, which will convey the sewage by one outlet into a tidal portion of the river Wyre, instead of two outlets (through ditches) as at present. I have also in hand the preparation of schemes for the drainage of a portion of the Townships of Garstang; Ont Rawcliffe, and Forton.

Sewage Treatment Works.—The works at Bowgrave, in the Township of Barnacre-with-Bonds, continue to work satisfactorily. The works at Scorton, in the Township of Nether Wyresdale, have not given the satisfaction I expect them to in the near future.

#### WATER SUPPLIES.

Calder Vale. Water Supply in the Township of Barnacre-with-Bonds.—I expect this water from the Thirlmere Aqueduct will be put in during the current year.

Hambleton Water Supply.—The whole of the houses which had not a good water supply previous to the Fylde Water Board's main being laid, have been supplied with water, with the exception of three which are being dealt with.

Pilling Water Supply.—As you are aware this Township is very badly off for water, and I think it would be a great advantage to the inhabitants, if a supply from the Fylde Water Mains could be obtained at a reasonable cost.

Infectious Hospital.—After visiting two Isolation Hospitals with your Committee and the Medical Officer of Health, I am now preparing plans, estimates, etc., for the erection of an Infectious Hospital, with sewage disposal works on the land purchased by you for that purpose.

Factory and Workshops.—Sixty-four Factories and Workshops have been inspected and are generally well kept. Three required limewashing, one had no privy, and one had the roof deficient.

Bakehouses.—Nine Bakehouses were inspected and all of them were well kept. There are no underground Bakehouses in your District.

Knackers' Yards.—The two licensed Knackers' Yards in your District are regularly inspected and are well kept.

Smoke.—No observations were made in your District as regards the emission of black smoke. No legal proceedings were taken.

#### PARTICULARS OF INSPECTIONS. &c.

No. of Inspections made.....	1284
No. of written complaints.....	8
No. of Nuisances abated.....	154
No. of Notices sent.....	56
Dirty Houses ordered to be cleaned.....	5
Common Lodging Houses Inspected.....	2
No. of Houses dealt with as unfit for human habitation..	2
Removal of Manure improperly deposited.....	10
No. of Workshops inspected.....	64
No. of Bakehouses inspected.....	9
Canal Boats inspected.....	42
No. of Houses disinfected after infectious disease.....	28

#### PLANS.

Plans received for approval .....	31
Plans approved.....	29
Plans not approved .....	2
Representing—	
New Houses approved.....	15
New Additions to Houses approved .....	6
New Farm and other buildings approved .....	11
New Parish Room approved .....	1
New Houses not approved .....	0
New Additions to Houses not approved .....	1
New Farm Buildings not approved.....	0
Other Buildings not approved .....	1

Houres completed during the year.....	9
Houses in course of erection on 31st December, 1909 .....	8
Additions to Houses completed.....	4
Additions to Houses in course of erection on 31st Dec. 1909	2
Parish Rooms completed .....	1
New Farm and other Buildings completed.....	13

I am, Gentlemen, your most obedient servant,

JAMES COOK,

Town Hall, Garstang,  
14th February, 1910.

Inspector of Nuisances and  
Sanitary Surveyor.

This concludes my Report, and I beg to thank you for the continued interest you take in the sanitary welfare of your District.

I am,

Yours obediently,

THOMAS FISHER.

February, 1910.

# Garstang Rural District Council.

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Smallpox, Cholera, Diphtheria, Membranous Croup,  
Erysipelas, and the following Fevers :—  
Scarlet (also called Scarlatina), Typhus, Typhoid or  
Enteric, Continued, Relapsing, and Peurperal.

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## Caution to Householders

Against the Commission of Acts by which Infectious  
Disease may be spread.

ISSUED BY ORDER OF THE HEALTH COMMITTEE.

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### **NOTICE IS HEREBY GIVEN**

*That the Public Health Act, 1875 and the Infectious Disease (Prevention) Act 1890 render liable to penalties persons who may commit any offence which may tend to cause the spread of infectious disease (including the above-mentioned diseases) and proceedings will be taken in all cases where an offence has been committed.*

The Public Health Act 1875 provides that :—

1.—Any person who —

(a) while suffering from any dangerous infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder, in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without previously notifying to the owner, conductor, or driver thereof that he is so suffering ; or

(b) Being in charge of any person so suffering, so exposes such sufferer ; or

(c) Gives, lends, sells, transmits, or EXPOSES, without previous disinfection, any bedding, CLOTHING, rags, or other things WHICH HAVE BEEN EXPOSED TO INFECTION from any such disorder

Shall be liable to a penalty not exceeding £5 ; and a person who, while suffering from any such disorder, enters any public conveyance without previously notifying to the owner or driver

that he is so suffering, shall in addition be ordered by the Court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance.

2.—Any person who knowingly lets for hire any house, room, or part of a house in which any person has been suffering from any dangerous infectious disorder, without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, shall be liable to a penalty not exceeding £20.

3.—Any person letting for hire or showing for the purpose of letting for hire any house or part of a house who, on being questioned by any person negotiating for the hire of such house or part of a house as to the fact of there being or within six weeks previously having been therein any person suffering from any dangerous infectious disorder, knowingly makes a false answer to such question, shall be liable at the discretion of the Court to a penalty not exceeding £20, or to imprisonment with or without hard labour for a period not exceeding one month,

The Infectious Disease (Prevention) Act, 1890, provides :

4.—No person without the sanction in writing of the Medical Officer of Health or of a registered medical practitioner, shall retain unburied elsewhere than in a public mortuary or in a room not used at the time as a dwelling place, sleeping place or workroom, for more than forty-eight hours, the body of any person who has died of any infectious disease.

5.—Any person who shall knowingly cast, or cause, or permit to be cast, into any ashpit or similar receptacle, any infectious rubbish without previous disinfection is liable to a penalty.

## SUGGESTIONS

For preventing the spread of Infectious Disease.

In order to prevent disease and suffering, the Health Committee appeals to the parents and attendants of patients suffering from Infectious Disease to observe the following instructions :

### **1.—Isolate the Sick—**

The patient should be at once separated from the other inmates of the house, and, if possible, placed in a top room and have that floor devoted to himself and his attendant.

All bed curtains and other hangings, carpets, rugs, and all articles of dress and the like in wardrobes and cupboards and all unnecessary articles of furniture should be removed.

## **2.—Ventilate Sickroom and House**

The room should be kept well ventilated, windows should be kept partly open (the patient being protected from draughts by a screen when necessary), communication with the chimney should be kept free and, weather permitting, a fire should be kept burning. The floor should be sprinkled with disinfecting fluid and cleansed daily.

## **3.—Place Antiseptic Sheet outside Sickroom door—**

The door should be kept closed and a sheet kept wet with Izal, Sanitas, or other disinfectants, should be hung outside so as to cover every crevice.

## **4.—Disinfect all Discharges from Patient—**

Everything that passes from the patient (sputum, vomit, urine, faeces) should be received in vessels containing a disinfectant, and an additional quantity of the disinfectant should be added to the vessel BEFORE removing it from the room. All food and drink not used should be mixed with disinfectant and should not, under any circumstances, be partaken of by other persons.

In TYPHOID FEVER the pail supplied MUST be used for the reception of all slops, &c., referred to in the foregoing.

## **5.—Do not use Handkerchiefs—**

In Diphtheria and Phthisis, pieces of rag should be used for sputum and discharges from the nose and mouth and should be immediately burnt.

## **6.—Disinfect all Utensils—**

All cups, glasses, spoons or such like articles used in the sick room should be placed in disinfectant solution before being removed therefrom and they should be subsequently washed in hot water.

## **7.—Disinfect Patient's Linen—**

All bed and body linen after use should be at once, before being removed from the room, put into the disinfectant solution and after remaining in this for at least an hour may be washed. At the termination of the illness the premises will be thoroughly disinfected under the direction of the Sanitary Staff.

## **8.—Keep Surroundings Clean—**

The patient's body and bed should be kept scrupulously clean, and when during the progress of Scarlet Fever or Small Pox, scales or crusts form on the skin, their diffusion should be prevented by smearing the body from head to foot with oil (Carbolic, Sanitas, or Eucalyptus). The house should be well ventilated and kept very clean; all sinks, water closets, traps and gullies should be in good order and have Izal or other disinfectant poured into them daily.

## **9. Nursing Arrangements—**

Nurses or others in attendance should wear overalls or dresses of washable material ; they should keep their hands clean, adding Izal, Sanitas, or Coudy's Fluid to the water in which they wash. They should remain with the patient, but, if compelled to leave the room, they should leave the overall or apron behind. They should not mix with the other members of the household.

## **10.—Visitors should not be received.**

## **11.—Vaccination—**

In cases of Small Pox all the members of the household should be vaccinated.

## **12.—Observe Precautions during Convalescence**

The patient must not be allowed to mix with the other members of the household until—in Scarlet Fever—all “peeling” of skin and all discharges from the ears and nose have ceased ; in Diphtheria—all discharges have ceased ; in Small Pox—all scabs have fallen off. The patient must be thoroughly cleansed by the use of a warm bath containing Izal or other disinfectant and his removal from the room must be sanctioned by the medical practitioner. Clothes used during the illness or in any way exposed to infection must not be worn again or put away in drawers or wardrobes until they have been properly disinfected.

## **13.—Final Disinfection—**

When the sickness has terminated, the room and its contents should be disinfected. This work will be carried out by the Sanitary Staff.

 Householders are hereby notified that when SCARLET FEVER patients are treated at home, disinfection of bedding, premises, &c., cannot be carried out till the expiration of at least SIX WEEKS from the commencement of the last case of such illness in the house.

## **14.—Special Precautions in case of Death—**

Should death occur, the body must, as soon as possible, be placed in a coffin which should be, at once, screwed down ; the funeral must take place within forty-eight hours of death. Mourners should not meet in the room in which death took place.

Izal and other disinfectants can be obtained *free of cost* on application at the Town Hall, and the disinfection of rooms will be carried out free of cost. Rooms which have been occupied by a person who has died of Phthisis (Consumption) should be disinfected.

By order of the Committee,

THOMAS FISHER.

Medical Officer of Health.

Table 1. Vital Statistics of Whole District during 1909 and Previous Years.

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.			Total Deaths at all Ages.			Nett Deaths at all Ages belonging to District.	
		Number	Rate *	Under 1 Year of Age.	Number	Rate per 1000 Births registered.	Deaths in Public Institutions in the District.	Number	Rate *	Deaths of Non-residents registered in Public Institutions beyond the District.		
1	2	3	4	5	6	7	8	9	10	11	12	13
1899	12151	303	24.9	23	75.9	171	14.07			171	14.07	
1900	12500	243	19.44	19	78.14	166	13.28			166	13.28	
1901	12501	248	23.76	18	72.58	122	11.69			122	11.69	
1902	10436	251	24.05	17	67.72	139	13.31			139	13.31	
1903	10436	268	25.68	19	71.03	144	13.79			144	13.79	
1904	10436	220	24.08	26	59.9	139	13.31			139	13.31	
1905	10436	221	21.17	17	76.9	121	11.59			121	11.59	
1906	10436	240	22.99	14	58.33	138	13.22			132	12.64	
1907	10436	225	21.55	16	71.1	125	11.79			127	12.16	
1908	10436	237	22.70	20	84.38	131	12.55			1	132	12.64
Aver-												
ages for years												
1899-												
1908	11020.3	245.6	22.5	18.9	71.1	139.6	12.4			139.3	12.4	
1909	10436	219	20.98	21	95.89	144	13.79			7	148	14.18

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres  
(exclusively of area covered by water) } 57.151

Total population at all ages, 10436, at Census of 1901

Table 2.  
Vital Statistics of separate Localities in 1909 and previous years.

Names of Localities.	YEAR.	GARSTANG.		STAALMINE.		ST. MICHAEL'S.	
		a	b	c	d	e	f
	1899	5311	126	90	12	12	8
	1900	5311	111	80	11	40	4
	1901	5311	128	71	12	38	2
	1902	5311	133	72	2265	58	2
	1903	5311	139	76	10	2860	Nil
	1904	5311	102	75	16	2860	6
	1905	5311	113	69	4	2860	24
	1906	5311	111	61	8	2860	23
	1907	5311	103	68	9	2860	35
	1908	5311	122	59	8	2860	30
Average of Years 1899 to 1908		118.8	72.1	10.2	30.0	3.6	
1909	5311	105	82	13	29	4	
					2860	53	37
						62.3	37.2
							5.1
							4

Table 3. Cases of Infectious Disease notified during the year 1909.

Notifiable Disease.	Cases Notified in Whole District.					At Ages—Years, 65 and upwards,
	At all Ages.	Under 1	1 to 5	5 to 15	15 to 25	
Diphtheria.....	2		1			3
Erysipelas .....		3				
Scarlet Fever .....	36		8	18	6	4
Enteric Fever .....	12		2	2	1	7
Totals .....	53		11	21	7	14

Garstang, 33. Stalmine, 5. St. Michael's, 15,  
Isolation Hospital,—Nil, except Elswick Smallpox (Conjoint),

Table 4. Causes of, and Ages at, Death during year 1909.

Causes of Death.	All ages.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.				
		Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.
Scarlet Fever .. . . . .	2		1	1		
Diphtheria (including Mem- branous Croop .. . . .	1		1			
Enteric .. . . . .	1			1		
Epidemic Influenza.. . . .	3				1	1
Gastritis .. . . . .	3	1			1	1
Phthisis (Pulm. Tuberculosis)	8			2	1	5
Other Tuberculous diseases ..	1	1				
Cancer, malignant disease ..	7					6
Bronchitis .. . . . .	7	3				2
Pneumonia .. . . . .	9	2				6
Alcoholism.. . . . .	2					2
Premature birth .. . . .	4	4				
Heart diseases .. . . . .	30		1	1	1	14
Accidents .. . . . .	9		2		1	5
All other causes .. . . .	61	10	2	3		15
						31
All causes .. . . . .	148	21	7	8	4	57
						51

Table 5. INFANTILE MORTALITY DURING THE YEAR 1909.  
Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 week		1-2 weeks		3-4 weeks		1 Month		1-2 months		3-4 months		5-6 months		6-7 months		Total Deaths under One Year.	
	All Causes	Certified	All Causes	Certified	All Causes	Certified	All Causes	Certified	All Causes	Certified	All Causes	Certified	All Causes	Certified	All Causes	Certified	Total Deaths under One Year.	
Gastritis	...	...	...	...	3	1	1	1	1	1	1	1	1	1	1	1	4	1
Premature Birth	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	4	1
Injury at Birth	...	...	...	...	1	1	2	2	2	2	2	2	2	2	2	2	4	1
Atrophy, Debility, Marasmus	...	...	...	...	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Tuberculosis Meningitis	...	...	...	...	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Convulsions	...	...	...	...	2	1	1	1	1	1	1	1	1	1	1	1	1	4
Bronchitis	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Pneumonia	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Other Causes	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	7	3	1	1	11	2	1	1	2	1	1	1	1	1	1	1	21	

Births in the year { legitimate ..... 216  
{ illegitimate ..... 3

Deaths from all Causes at all Ages... 148

Population, Estimated to middle of 1909... 10,436  
Deaths in the year of legitimate infants... 20  
,, illegitimate , , 1

# Factories, Workshops, Laundries, Workplaces & Homework.

## I. INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspections.
FACTORIES (Including Factory Laundries) .. .. .. ..	
WORKSHOPS (Including Workshop Laundries) .. .. .. ..	64
WORKPLACES .. .. .. .. .. .. .. ..	Nil
HOMEWORKERS' PREMISES .. .. .. .. .. .. ..	Nil
TOTAL .. .. .. .. .. .. ..	64

## 2. DEFECTS FOUND.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts:—		
Want of cleanliness .. .. .. ..	3	3
Want of Ventilation .. .. .. ..	Nil	
Overcrowding .. .. .. .. ..	Nil	
Want of drainage of floors .. .. ..	Nil	
Other nuisances .. .. .. ..	2	1 remedied, 1 being dealt with
Total .. .. ..	5	4

## 5. OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .. .. .. .. .. .. .. ..	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5)	Notified by H.M. Inspector
Factories .. .. .. .. .. ..	
Workshops .. .. .. .. .. ..	
Bakehouses .. .. .. .. .. ..	
Total number of workshops on register ..	

TABLE C.

## COUNTY OF LANCASTER

Summary of Medical Officer's Report  
for 1909.

## RURAL SANITARY DISTRICT OF GARSTANG.

Area in Statute Acres....57151. Population (Census) 1901 .....10436  
Population (Estimated) 1908 .....10436

Name of Medical Officer of Health....THOMAS FISER. Salary £70

Births registered	{ Male 113 Female 106 }	Total 219	Deaths registered	{ Male 85 Female 63 }	Total 148
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Number of Illegitimate Births registered—3

Deaths of Illegitimates under one year of age—1

Birth Rate, 20.98 Death Rate, 14.18

Rate of Infant Deaths, under one year, to 1,000 Births..95.89

Death Rate from the seven principal Epidemic Diseases per 1,000 of population,

Diseases prevalent? Scarlet Fever, Enteric and Phthisis.

Period? Generally throughout the year.

What Action taken? Schools closed. Any Schools Closed? Yes.

If so, for what Disease? Measles and Influenza.

What is the character of the Hospital Accommodation? { For Small-pox The Fylde, Preston and Garstang Joint Small-pox Hospital Board. . For other Infectious Diseases, in contemplation

Is it Joint or otherwise? Smallpox Conjoint.

Number of Beds available for your District? { For Smallpox, conjoint. For other Infectious Diseases,

{ Small-pox....Nil Enteric Fever....Nil

Number of cases removed from your District? { Diphtheria....Nil. Scarlet Fever....Nil. Total..Nil

Deaths in Hospital of patients from what causes? Nil from your District?

{ Houses Fumigated by Formalin. Clothing, Bedding, &c....Formalin Spray. Apparatus used? McKenzies Spray and Lamp. Where situated? The Town Hall, Garstang.

Number of cases of Infectious Disease reported under the Notification Act? 53.

Are any Diseases not specifically mentioned in the Act notifiable (for instance, Measles, Whooping Cough, Diarrhoea, Chickenpox, &c.)?

If so, what are they? No.

Has any arrangement been made for the "voluntary" notification of Phthisis? Yes.

Is Diphtheritic Anti-toxin supplied to Medical Practitioners free of charge? Yes

Action taken under "The Housing of the Working Classes Acts" .....	No. of Houses condemned ? 2 Made habitable ? 1
From where is the Water Supply obtained, and what is its condition? Is it subject to your Inspection? .....	Mostly from Fylde Water Board, good. Yes.
Is Scavenging carried out satisfactorily? .....	Yes, where adopted.
How performed:—By Sanitary Authority or Contract, or Occupiers of Houses? .....	By Contract and by Council.
How is the Refuse disposed of?..	Carted away on to the land.
Has a Destructor been provided?	No.
What is the character of Drainage and the form of Sewage Disposal? .....	Very variable.
Canal Boats (Number Inspected, &c.) .....	42.
Number of infringements of Acts? .....	15.
What is the condition of the Baker houses? .....	Good
Slaughter Houses? .....	Good
Has a Public Abattoir been provided?	No.
Lodging Houses? .....	Two. Are they registered? Yes.
What is the sanitary condition of the Schools? .....	With few exceptions generally good.
Dairies, Cowsheds & Milkshops—	Yes.
Are they periodically inspected?	Very variable.
What is their condition? .....	Yes.
Have Regulations been made under the Order of the Local Government Board? .....	What is their condition? Very variable. Are they enforced? Yes, modified.
What amount of air space in cubic feet is required for each cow? .....	Committee appointed with discretionary power
No. of Cowkeepers? .....	No on Register? } 6
No. of Dairymen or Purveyors of Milk (other than Cowkeepers)	No on Register? }
Food unfit for Human Consumption. Amount seized? .....	Nil.
Department of Inspector of Nuisances	{ No. of Notices served..66 Nuisances remedied..154
Closet Accommodation of the the District.....	{ No. of Privy Middens? No record. Pail Closets? No record.
No. of Privy Middens converted during 1909.....	{ Flesh Water Closets? No record. Waste Water Closets? No record.
Smoke .....	To W.C.'s } Both gradually increasing. To Pails }
Has the Authority adopted—	No of Observations....Nil
(a) "The Infectious Disease (Pervention) Act, 1890"?....	Yes.
(b) "The Public Health Acts Amendment Act, 1890"?....	Yes.
(c) "The Notification of Births Act, 1907? .....	No.
Has a Health Visitor been appointed?	No
Notable Sanitary Improvements during 1909 .....	Hambleton and Scorton
Chief Sanitary requirements of District .....	Pilling Drainage and Water Supply. Great Eccleston Extension.

